



Marijuana Hospitality Business Lottery Application

Please submit this form via email to MEP@adcogov.org

Lottery Applications must be submitted by 5:30P.M. Friday, August 7, 2020

(* Denotes a Required Field)

Please choose the anticipated type of business you intend to apply for*:

Marijuana Hospitality Business

Marijuana Hospitality Business
and Mobile Premises

Retail Marijuana Hospitality & Sales Business

Contact Name*:

Entity Name:

Trade Name:

Address*:

City, State Zip*:

Phone*:

Email*:

Mailing Address (if different than above):

Address:

City, State, Zip:

Business Locations* (Use additional pages if necessary)

What are the possible locations where your business might be located?

Business Plan* (Use additional pages if necessary)

Please give a brief description regarding the type of Hospitality Business you intend to run?

Community Outreach Plan* (Use additional pages if necessary)

How do you plan to be involved with or support the local community where your business may be located?

Name (Printed)*:

Signature*:

Date*: